

CR 2633



Docket No. 773-013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yajima et al.  
Serial No. : 09/925,961  
Filed : August 9, 2001  
For : OPTICAL MULTIPLE TRANSMISSION METHOD OPTICAL..

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

Mail Stop Non-Fee Amendment

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

By: \_\_\_\_\_

Greg Antman

Date: 5-9-05

Mailing Address:

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Docket No. 773-013

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Yajima et al. Group Art Unit: 2633  
Serial No. : 09/925,961 Examiner: Agustin, Bello  
Filed : August 9, 2001  
For : OPTICAL MULTIPLE TRANSMISSION METHOD OPTICAL..

**AMENDMENT FEE TRANSMITTAL**

**Mail Stop Non-Fee Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required.

The additional fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	10	-	20	= x \$50.00	\$ .00
Independent Claims	6	-	6	= x \$200.00	\$ .00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)			\$ _____	
				Total: \$ .00	
<input type="checkbox"/>	Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith.			\$ _____	
<input type="checkbox"/>	Charge fee to Deposit Account No. 19-2825 . Order No. _____				

\* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 773-013.  
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

- [ ]        Page(s) of substitute Sequence Listing
- [ ]        Computer disk(s) containing substitute Sequence Listing
- [ ] Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- [ ] A check in the amount of \$ .00 to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

By:

  
Joseph Sofer

Registration No. 34,438

Dated: May 9, 2005

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